

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼**

Example: If typing, type over the lines.

12FE4M5

BJORN FOR CONGRESS

ADDRESS (number and street)

PO BOX 9059



Check if different than previously reported. (ACC)

COLUMBIA

SC

29290

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00612994

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

SC

02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
06 / 14 / 2016

in the State of

SC

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
02 / 15 / 2016

through

M M / D D / Y Y Y Y
05 / 25 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Maria Theresa Reyes

Signature of Treasurer Maria Theresa Reyes

[Electronically Filed]

Date

M M / D D / Y Y Y Y
06 / 01 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 31

Write or Type Committee Name

BJORN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	16840.29	16840.29
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	16840.29	16840.29
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16324.84	16324.84
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	16324.84	16324.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....	485.45	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	15500.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 31

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

BJORN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

8762.91

8762.91

(ii) Unitemized.....

6267.38

6267.38

(iii) TOTAL of contributions from individuals ▶

15030.29

15030.29

(b) Political Party Committees.....

1000.00

1000.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

810.00

810.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

16840.29

16840.29

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

16840.29

16840.29

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 31

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16324.84	16324.84
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	30.00	30.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	16354.84	16354.84

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	16840.29
25. SUBTOTAL (add Line 23 and Line 24).....	16840.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16354.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	485.45

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.

C H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

847.79

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		26		2016

Transaction ID : SA11AI.4567

Amount of Each Receipt this Period

12.79

☐ Memo Item

In-kind - YESTERDAYS-FOOD

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.

C H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

941.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		30		2016

Transaction ID : SA11AI.4565

Amount of Each Receipt this Period

83.53

☐ Memo Item

In-kind - FRANKLIN'S FLIERS

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.

C H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

951.17

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2016

Transaction ID : SA11AI.4569

Amount of Each Receipt this Period

9.85

☐ Memo Item

In-kind - PINMART-PINS

SUBTOTAL of Receipts This Page (optional).....

106.17

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 31

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.

C H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

971.17

Date of Receipt

M M / D D / Y Y Y Y
04 / 03 / 2016

Transaction ID : SA11AI.4571

Amount of Each Receipt this Period

20.00

☐ Memo Item

In-kind - KANGAROO EXPRESS

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.

C H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

986.92

Date of Receipt

M M / D D / Y Y Y Y
04 / 05 / 2016

Transaction ID : SA11AI.4573

Amount of Each Receipt this Period

15.75

☐ Memo Item

In-kind - ZORBA'S-FOOD

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.

C H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

997.52

Date of Receipt

M M / D D / Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11AI.4575

Amount of Each Receipt this Period

10.60

☐ Memo Item

In-kind - SHELL-GAS

SUBTOTAL of Receipts This Page (optional).....

46.35

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.

C H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1031.51

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.4577

Amount of Each Receipt this Period

33.99

☐ Memo Item

In-kind - STAPLES-OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.

C H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1481.51

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2016

Transaction ID : SA11AI.4579

Amount of Each Receipt this Period

450.00

☐ Memo Item

In-kind - VELVETEX-SIGNS

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.

C H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1552.91

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2016

Transaction ID : SA11AI.4581

Amount of Each Receipt this Period

71.40

☐ Memo Item

In-kind - ROCKAWAYS-FOOD

SUBTOTAL of Receipts This Page (optional).....

555.39

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 31

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.**C** H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1607.97

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

Transaction ID : SA11AI.4583

Amount of Each Receipt this Period

55.06

☐ Memo Item

In-kind - STAPLES-OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.**C** H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1693.96

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		01		2016

Transaction ID : SA11AI.4585

Amount of Each Receipt this Period

85.99

☐ Memo Item

In-kind - VISTAPRINT-BUSINESS CARDS,OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.**C** H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1710.71

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		02		2016

Transaction ID : SA11AI.4587

Amount of Each Receipt this Period

16.75

☐ Memo Item

In-kind - AMOCO FOOD#8-GAS

SUBTOTAL of Receipts This Page (optional).....

157.80

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.

C H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1737.69

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		14		2016

Transaction ID : SA11AI.4589

Amount of Each Receipt this Period

26.98

☐ Memo Item

In-kind - STAPLES-OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.

C H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1787.79

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		18		2016

Transaction ID : SA11AI.4591

Amount of Each Receipt this Period

50.10

☐ Memo Item

In-kind - FACEBOOK-BOOSTS

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.

C H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1807.79

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		21		2016

Transaction ID : SA11AI.4593

Amount of Each Receipt this Period

20.00

☐ Memo Item

In-kind - LAKESIDE GRILLE-FOOD

SUBTOTAL of Receipts This Page (optional).....

97.08

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 31

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.**C** H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1855.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		21		2016

Transaction ID : SA11AI.4595

Amount of Each Receipt this Period

47.21

☐ Memo ItemIn-kind - VISTAPRINT-BUSINESS CARDS,OFFICE
SUPPLIES

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.**C** H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1907.91

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		21		2016

Transaction ID : SA11AI.4597

Amount of Each Receipt this Period

52.91

☐ Memo Item

In-kind - TARGET-OFFICE SUPPLIES-INK

Full Name (Last, First, Middle Initial)

KIM BRODY

Mailing Address PO BOX 84651

City

LEXINGTON

State

SC

Zip Code

29073

FEC ID number of contributing
federal political committee.**C**

Name of Employer

SELF

Occupation

CPA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		25		2016

Transaction ID : SA11AI.4601

Amount of Each Receipt this Period

2000.00

☐ Memo Item

In-kind - TREASURER

SUBTOTAL of Receipts This Page (optional).....

2100.12

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

CHRIS KRUZNER

A.

Mailing Address 620 SHALLOW COVE CT

City

CHAPIN

State

SC

Zip Code

29036

FEC ID number of contributing
federal political committee.

C

Name of Employer

WELLS FARGO

Occupation

BANKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2016

Transaction ID : SA11AI.4422

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Catherine Lamberton

B.

Mailing Address 221 Orr Road

City

Upper St. Clair

State

PA

Zip Code

15241

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh

Occupation

Professor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2016

Transaction ID : SA11AI.4434

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Catherine Lamberton

C.

Mailing Address 221 Orr Road

City

Upper St. Clair

State

PA

Zip Code

15241

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh

Occupation

Professor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2016

Transaction ID : SA11AI.4217

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2016

Transaction ID : SA11AI.4217.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Catherine Lamberton

Mailing Address 221 Orr Road

City

Upper St. Clair

State

PA

Zip Code

15241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Pittsburgh

Professor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2016

Transaction ID : SA11AI.4232

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2016

Transaction ID : SA11AI.4232.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

EAR MARKED CONDUIT

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

50.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Catherine Lamberton

Mailing Address 221 Orr Road

City

Upper St. Clair

State

PA

Zip Code

15241

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh

Occupation

Professor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2016

Transaction ID : SA11AI.4250

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1705.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		24		2016

Transaction ID : SA11AI.4250.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

EAR MARKED CONDUIT

Full Name (Last, First, Middle Initial)

Catherine Lamberton

Mailing Address 221 Orr Road

City

Upper St. Clair

State

PA

Zip Code

15241

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh

Occupation

Professor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2016

Transaction ID : SA11AI.4269

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2016

Transaction ID : SA11AI.4269.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

EAR MARKED CONDUUIT

Full Name (Last, First, Middle Initial)

B. Catherine Lamberton

Mailing Address 221 Orr Road

City

Upper St. Clair

State

PA

Zip Code

15241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Pittsburgh

Professor

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2016

Transaction ID : SA11AI.4442

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2490.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2016

Transaction ID : SA11AI.4442.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

EAR MARKED CONDUIT

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

50.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 31

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

DORIS MCGARRY MCANDREW

A.

Mailing Address 86 RIDGE LAKE DR

City

COLUMBIA

State

SC

Zip Code

29209

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

NONE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.4487

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GEORGE MIRABAL

B.

Mailing Address PO BOX 5447

City

COLUMBIA

State

SC

Zip Code

29250

FEC ID number of contributing
federal political committee.

C

Name of Employer

MIRRORBALL PRODUCTION

Occupation

PRODUCER/DIRECTOR/WRITER/EDITOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1400.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 01 / 2016

Transaction ID : SA11AI.4755

Amount of Each Receipt this Period

1400.00

☐ Memo Item

In-kind - VIDEO

Full Name (Last, First, Middle Initial)

Mitchell Nimmich

C.

Mailing Address 216 Shoal Wood Dr

City

Lexington

State

SC

Zip Code

29072

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEXINGTON MEDICAL CENTER

Occupation

physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 12 / 2016

Transaction ID : SA11AI.4167

Amount of Each Receipt this Period

150.00

☐ Memo Item

ACTBLUE

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2050.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

ACTBLUE**A.**

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.**C** C00401224

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3998.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 15 2016**Transaction ID : SA11AI.4167.0**

Amount of Each Receipt this Period

150.00

☒ Memo Item

EAR MARKED CONDUIT

Full Name (Last, First, Middle Initial)

Michael Randall**B.**

Mailing Address 313 River Walk Drive

City

Simpsonville

State

SC

Zip Code

29681

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

ALMEGACY LLC

VP Consulting

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 15 2016**Transaction ID : SA11AI.4236**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ACTBLUE**C.**

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.**C** C00401224

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1423.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 17 2016**Transaction ID : SA11AI.4236.0**

Amount of Each Receipt this Period

50.00

☒ Memo Item

EAR MARKED CONDUIT

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

50.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Michael Randall

A.

Mailing Address 313 River Walk Drive

City

Simpsonville

State

SC

Zip Code

29681

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALMEGACY LLC

Occupation

VP Consulting

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : SA11AI.4163

Amount of Each Receipt this Period

50.00

☐ Memo Item

ACTBLUE

Full Name (Last, First, Middle Initial)

ACTBLUE

B.

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4048.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		15		2016

Transaction ID : SA11AI.4163.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

EAR MARKED CONDUIT

Full Name (Last, First, Middle Initial)

IAIN SANDERSON

C.

Mailing Address 695 Olde Salt Run

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

DUKE

Occupation

DOCTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		24		2016

Transaction ID : SA11AI.4257

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2025.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		24		2016

Transaction ID : SA11AI.4257.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

EAR MARKED CONDUIT

Full Name (Last, First, Middle Initial)

B. SAMUEL TENENBAUM

Mailing Address 353 BLUE HERON CT

City

LEXINGTON

State

SC

Zip Code

29072

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

NONE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		11		2016

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

8762.91

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 31

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	--	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC PARTY OF SOUTH CAROLINA

Mailing Address PO BOX 5965

City

COLUMBIA

State

SC

Zip Code

29250

FEC ID number of contributing
federal political committee.**C** C00007658

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		25		2016

Transaction ID : SA11B.4753

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 In-kind - PRINTING

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 31

☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BJORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARIK BJORN

Mailing Address **PO BOX 9059**

City **COLUMBIA** State **SC** Zip Code **29290**

FEC ID number of contributing federal political committee. **C H6SC02100**

Name of Employer **RICHLAND COUNTY PUBLIC LIBRARY** Occupation **LIBRARIAN**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
835.00

Date of Receipt

03 / **17** / **2016**

Transaction ID : SA11D.4497

Amount of Each Receipt this Period

800.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
ARIK BJORN

Mailing Address **PO BOX 9059**

City **COLUMBIA** State **SC** Zip Code **29290**

FEC ID number of contributing federal political committee. **C H6SC02100**

Name of Employer **RICHLAND COUNTY PUBLIC LIBRARY** Occupation **LIBRARIAN**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
857.79

Date of Receipt

03 / **29** / **2016**

Transaction ID : SA11D.4183

Amount of Each Receipt this Period

10.00

☐ Memo Item

ACTBLUE

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **P.O. BOX 441146**

City **SOMERVILLE** State **MA** Zip Code **02144**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
10.00

Date of Receipt

03 / **31** / **2016**

Transaction ID : SA11D.4183.0

Amount of Each Receipt this Period

10.00

☒ Memo Item

EAR MARKED CONDUIT

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

810.00

810.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ARIK BJORN

Mailing Address PO BOX 9059

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

City	State	Zip Code
COLUMBIA	SC	29290

Amount of Each Disbursement this Period

33.99

Purpose of Disbursement
In-kind - STAPLES-OFFICE SUPPLIESCategory/
Type☐ Memo Item

Transaction ID : SB17.4578

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: SC District: 02

Full Name (Last, First, Middle Initial)

B. ARIK BJORN

Mailing Address PO BOX 9059

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

City	State	Zip Code
COLUMBIA	SC	29290

Amount of Each Disbursement this Period

450.00

Purpose of Disbursement
In-kind - VELVETEX-SIGNSCategory/
Type☐ Memo Item

Transaction ID : SB17.4580

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: SC District: 02

Full Name (Last, First, Middle Initial)

C. ARIK BJORN

Mailing Address PO BOX 9059

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2016

City	State	Zip Code
COLUMBIA	SC	29290

Amount of Each Disbursement this Period

71.40

Purpose of Disbursement
In-kind - ROCKAWAYS-FOODCategory/
Type☐ Memo Item

Transaction ID : SB17.4582

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: SC District: 02

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

555.39

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ARIK BJORN

Mailing Address PO BOX 9059

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2016

City	State	Zip Code
COLUMBIA	SC	29290

Amount of Each Disbursement this Period

55.06

Purpose of Disbursement
In-kind - STAPLES-OFFICE SUPPLIESCategory/
Type☐ Memo Item

Transaction ID : SB17.4584

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: SC District: 02

Full Name (Last, First, Middle Initial)

B. ARIK BJORN

Mailing Address PO BOX 9059

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2016

City	State	Zip Code
COLUMBIA	SC	29290

Amount of Each Disbursement this Period

85.99

Purpose of Disbursement
In-kind - VISTAPRINT-BUSINESS CARDS, OFFICE SUPPLIESCategory/
Type☐ Memo Item

Transaction ID : SB17.4586

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: SC District: 02

Full Name (Last, First, Middle Initial)

C. ARIK BJORN

Mailing Address PO BOX 9059

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

City	State	Zip Code
COLUMBIA	SC	29290

Amount of Each Disbursement this Period

16.75

Purpose of Disbursement
In-kind - AMOCO FOOD#8-GASCategory/
Type☐ Memo Item

Transaction ID : SB17.4588

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: SC District: 02

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

157.80

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ARIK BJORN

Mailing Address PO BOX 9059

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2016

City	State	Zip Code
COLUMBIA	SC	29290

Amount of Each Disbursement this Period

26.98

Purpose of Disbursement
In-kind - STAPLES-OFFICE SUPPLIESCategory/
Type☐ Memo Item

Transaction ID : SB17.4590

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: SC	District: 02	

Full Name (Last, First, Middle Initial)

B. ARIK BJORN

Mailing Address PO BOX 9059

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2016

City	State	Zip Code
COLUMBIA	SC	29290

Amount of Each Disbursement this Period

50.10

Purpose of Disbursement
In-kind - FACEBOOK-BOOSTSCategory/
Type☐ Memo Item

Transaction ID : SB17.4592

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: SC	District: 02	

Full Name (Last, First, Middle Initial)

C. ARIK BJORN

Mailing Address PO BOX 9059

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2016

City	State	Zip Code
COLUMBIA	SC	29290

Amount of Each Disbursement this Period

20.00

Purpose of Disbursement
In-kind - LAKESIDE GRILLE-FOODCategory/
Type☐ Memo Item

Transaction ID : SB17.4594

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: SC	District: 02	

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

97.08

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ARIK BJORN

Mailing Address PO BOX 9059

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2016

City	State	Zip Code
COLUMBIA	SC	29290

Amount of Each Disbursement this Period

47.21

Purpose of Disbursement
In-kind - VISTAPRINT-BUSINESS CARDS,OFFICE SUPPLIESCategory/
Type☐ Memo Item

Transaction ID : SB17.4596

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: SC District: 02

Full Name (Last, First, Middle Initial)

B. ARIK BJORN

Mailing Address PO BOX 9059

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2016

City	State	Zip Code
COLUMBIA	SC	29290

Amount of Each Disbursement this Period

52.91

Purpose of Disbursement
In-kind - TARGET-OFFICE SUPPLIES-INKCategory/
Type☐ Memo Item

Transaction ID : SB17.4598

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: SC District: 02

Full Name (Last, First, Middle Initial)

C. KIM BRODY

Mailing Address PO BOX 84651

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2016

City	State	Zip Code
LEXINGTON	SC	29073

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
In-kind - TREASURERCategory/
Type☐ Memo Item

Transaction ID : SB17.4603

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2100.12

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC PARTY OF SOUTH CAROLINA

Mailing Address PO BOX 5965

City	State	Zip Code
COLUMBIA	SC	29250

Purpose of Disbursement
FILING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2016

Amount of Each Disbursement this Period

3480.00

☐ Memo Item

Transaction ID : SB17.4751

B. DEMOCRATIC PARTY OF SOUTH CAROLINA

Mailing Address PO BOX 5965

City	State	Zip Code
COLUMBIA	SC	29250

Purpose of Disbursement
In-kind - PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Transaction ID : SB17.4754

C. GRAPHIC CONTENT BOBBY BAKER

Mailing Address 1017 SOUTH HOLLY STREET

City	State	Zip Code
COLUMBIA	SC	29205

Purpose of Disbursement
CAMPAIGN LOGO

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Transaction ID : SB17.4531

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4780.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GRAPHIC CONTENT BOBBY BAKER

Mailing Address 1017 SOUTH HOLLY STREET

City	State	Zip Code
COLUMBIA	SC	29205

Purpose of Disbursement
graphic content

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2016

Amount of Each Disbursement this Period

156.25

☐ Memo Item

Transaction ID : SB17.4553

B. LAMAR

Mailing Address 1221 ATLAS ROAD

City	State	Zip Code
COLUMBIA	SC	29209

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Transaction ID : SB17.4559

C. GEORGE MIRABAL

Mailing Address PO BOX 5447

City	State	Zip Code
COLUMBIA	SC	29250

Purpose of Disbursement
In-kind - VIDEO

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2016

Amount of Each Disbursement this Period

1400.00

☐ Memo Item

Transaction ID : SB17.4757

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2556.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LAWRENCE MOORE

Mailing Address 109 TILTING ROCK DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

City	State	Zip Code
HOPKINS	SC	29061

Amount of Each Disbursement this Period

Purpose of Disbursement

500.00

Candidate Name

Category/
Type☐ Memo Item**Transaction ID : SB17.4546**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

B. LAWRENCE MOORE

Mailing Address 109 TILTING ROCK DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2016

City	State	Zip Code
HOPKINS	SC	29061

Amount of Each Disbursement this Period

Purpose of Disbursement

500.00

Candidate Name

Category/
Type☐ Memo Item**Transaction ID : SB17.4555**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

C. LAWRENCE MOORE

Mailing Address 109 TILTING ROCK DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2016

City	State	Zip Code
HOPKINS	SC	29061

Amount of Each Disbursement this Period

Purpose of Disbursement

500.00

Candidate Name

Category/
Type☐ Memo Item**Transaction ID : SB17.4557**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Other (specify)		

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. REGAL PRINTS, LLC

Mailing Address 101 RICE BENT WAY #7

City	State	Zip Code
COLUMBIA	SC	29229

Purpose of Disbursement
SIGN

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

831.60

☐ Memo Item

Transaction ID : SB17.4554

B. REGAL PRINTS, LLC

Mailing Address 101 RICE BENT WAY #7

City	State	Zip Code
COLUMBIA	SC	29229

Purpose of Disbursement
SIGNS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2016

Amount of Each Disbursement this Period

831.60

☐ Memo Item

Transaction ID : SB17.4551

c. Maria Theresa Reyes

Mailing Address 216 Seton Hall Dr

City	State	Zip Code
Columbia	SC	29223

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB17.4545

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2163.20

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Maria Theresa Reyes

Mailing Address 216 Seton Hall Dr

City	State	Zip Code
Columbia	SC	29223

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB17.4556

B. Maria Theresa Reyes

Mailing Address 216 Seton Hall Dr

City	State	Zip Code
Columbia	SC	29223

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB17.4558

C. VELVETEX INC

Mailing Address 1144 SHOP RD

City	State	Zip Code
COLUMBIA	SC	29201

Purpose of Disbursement
SIGNS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2016

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Transaction ID : SB17.4544

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1350.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. VELVETEX INC

Mailing Address 1144 SHOP RD

City	State	Zip Code
COLUMBIA	SC	29201

Purpose of Disbursement
SIGNS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2016

Amount of Each Disbursement this Period

352.00

☐ Memo Item

Transaction ID : SB17.4537

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

352.00

15611.84

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 31 OF 31

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LAWRENCE MOORE

Nature of Debt (Purpose):

SALARY

Mailing Address 109 TILTING ROCK DRIVE

City State

Zip Code

HOPKINS**SC****29061**

Outstanding Balance Beginning This Period

0.00

Transaction ID : **SD10.4744**

Amount Incurred This Period

10000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Maria Theresa Reyes

Nature of Debt (Purpose):

SALARY

Mailing Address 216 Seton Hall Dr

City State

Zip Code

Columbia**SC****29223**

Outstanding Balance Beginning This Period

0.00

Transaction ID : **SD10.4745**

Amount Incurred This Period

5500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

15500.00

2) **TOTALS** This Period (last page this line number only) ▶

15500.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

15500.00